

FIG. 1

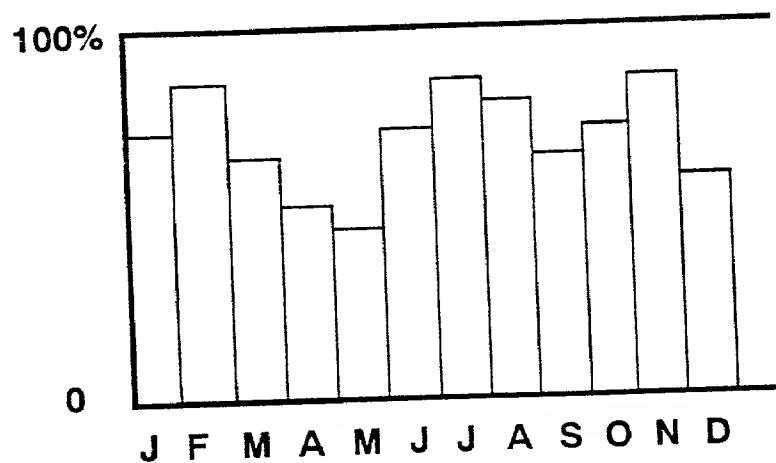


FIG. 2

FIG. 3

FACILITY REVENUE FORECAST

		\$/HC	\$/HR	\$/HR-\$/HC
MONTH	J	280	250	-30
	F	280	280	0
	M	280	240	-40
	A	280	210	-70
	M	280	240	-40
	J	280	280	0
	J	280	300	20
	A	280	240	-40
	S	280	200	-80
	O	280	240	-40
	N	280	295	15
	D	280	295	15

FIG. 4

PRICING DATABASE

PROCEDURE	STANDARD FEE	TIME (H)
LIPOSUCTION	\$5000	1.75
RHINOPLASTY	5000	1.75
BREASTS AUGMENT	8000	3.0

FACILITY SCHEDULE DATABASE

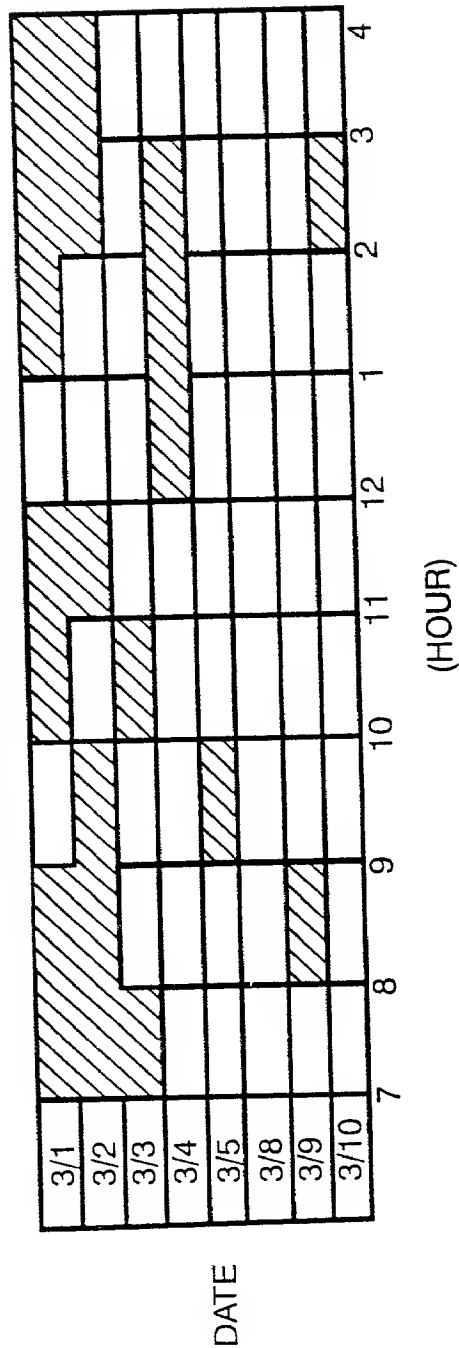


FIG. 5

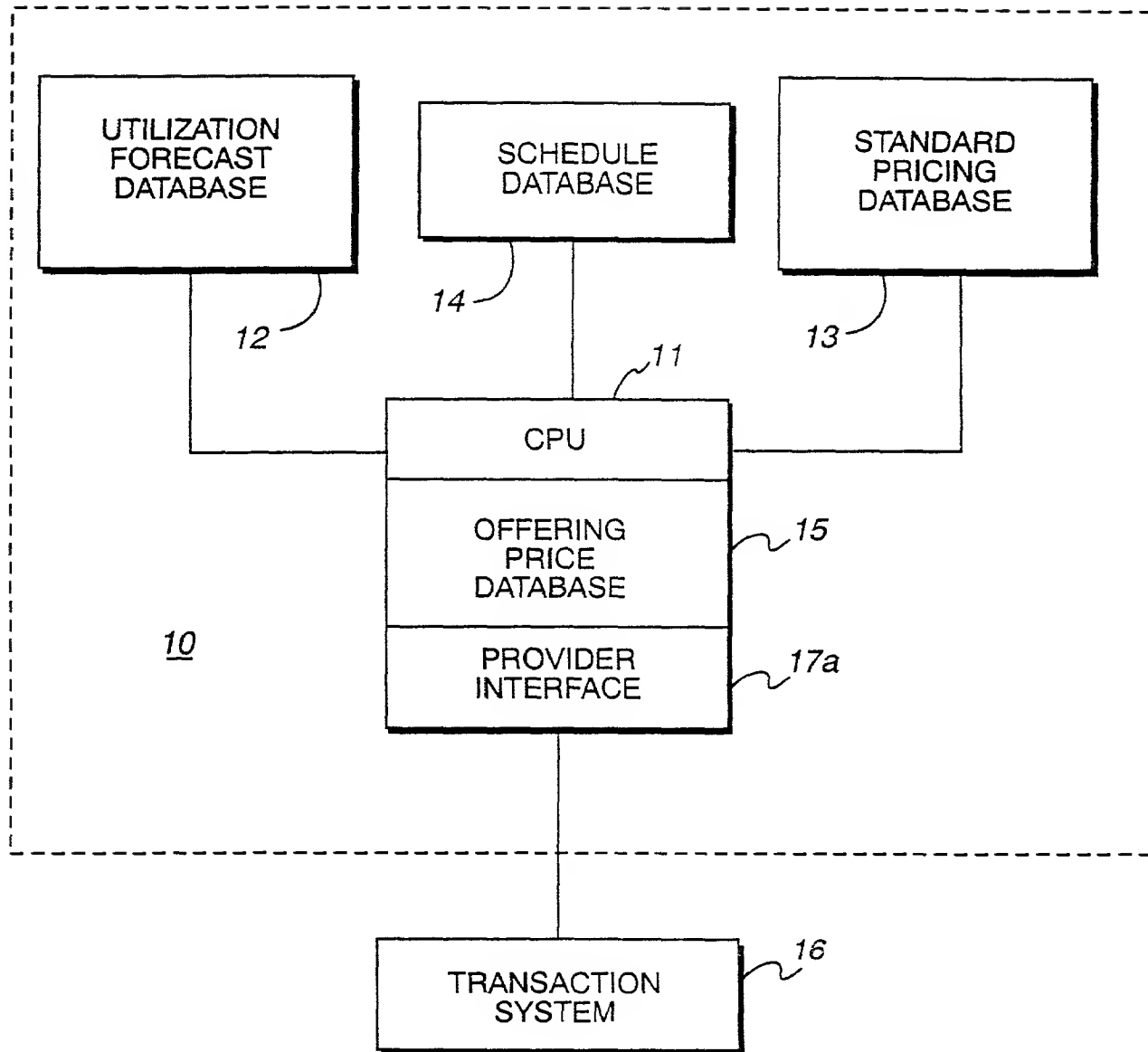


FIG. 6

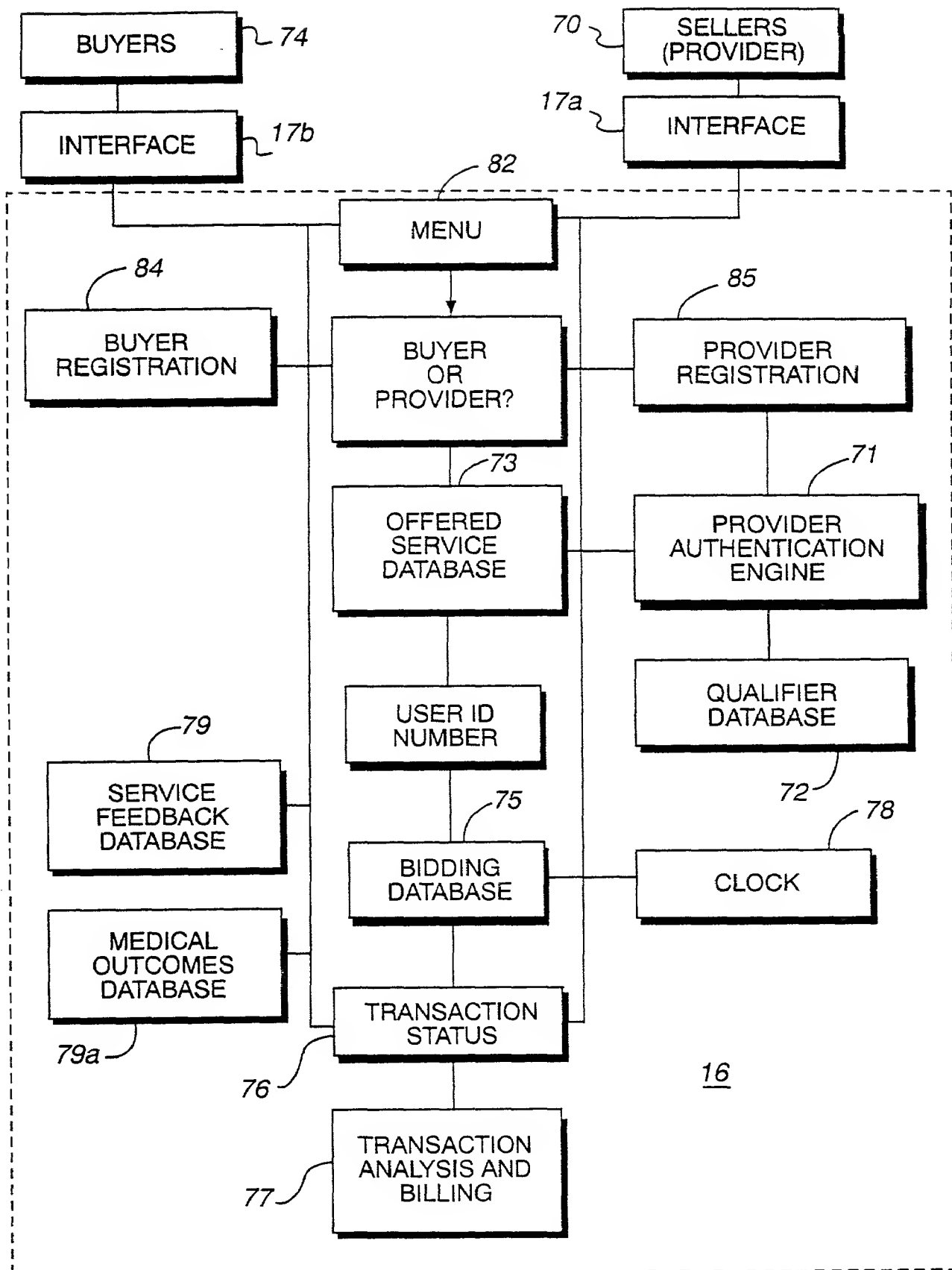
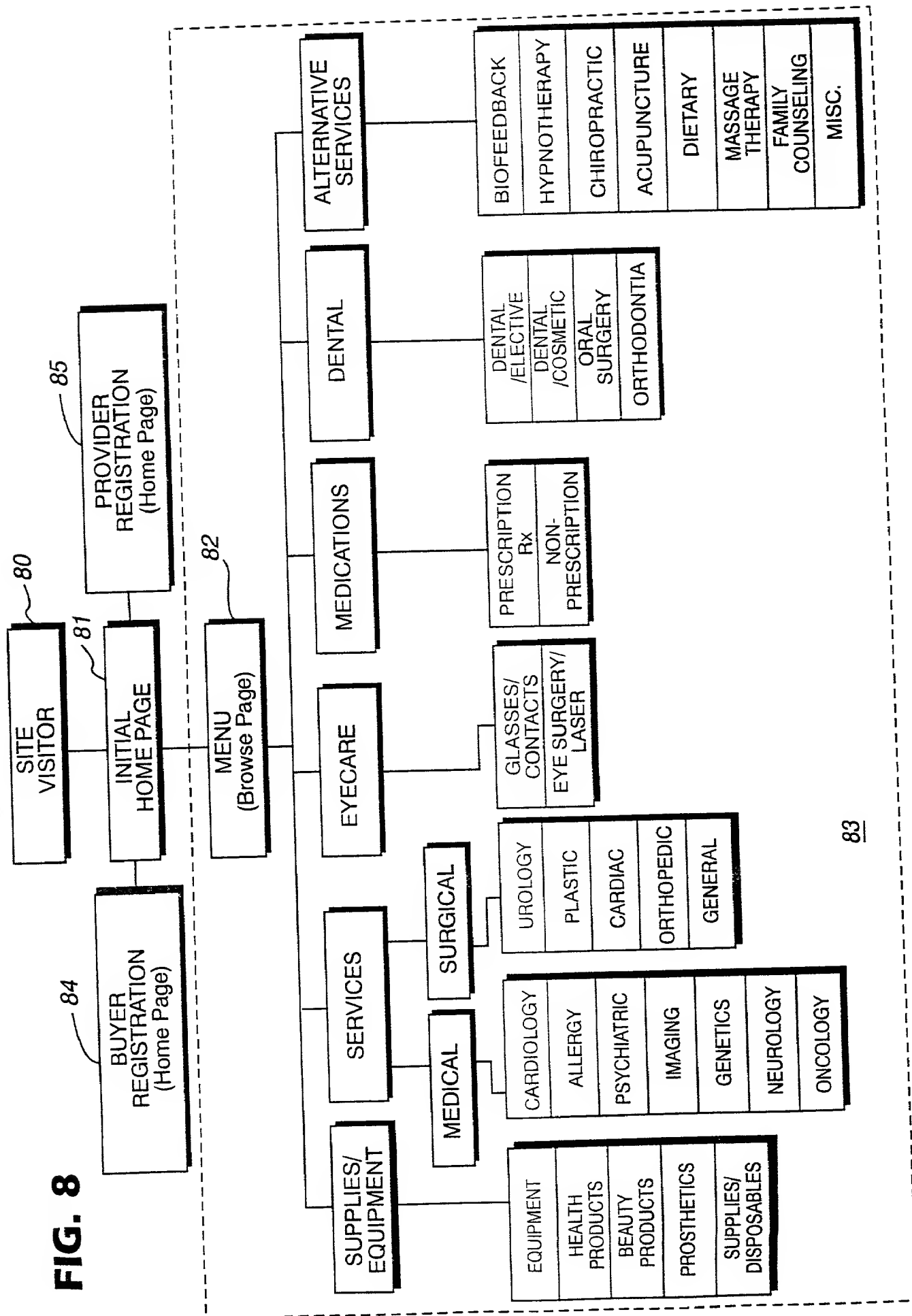
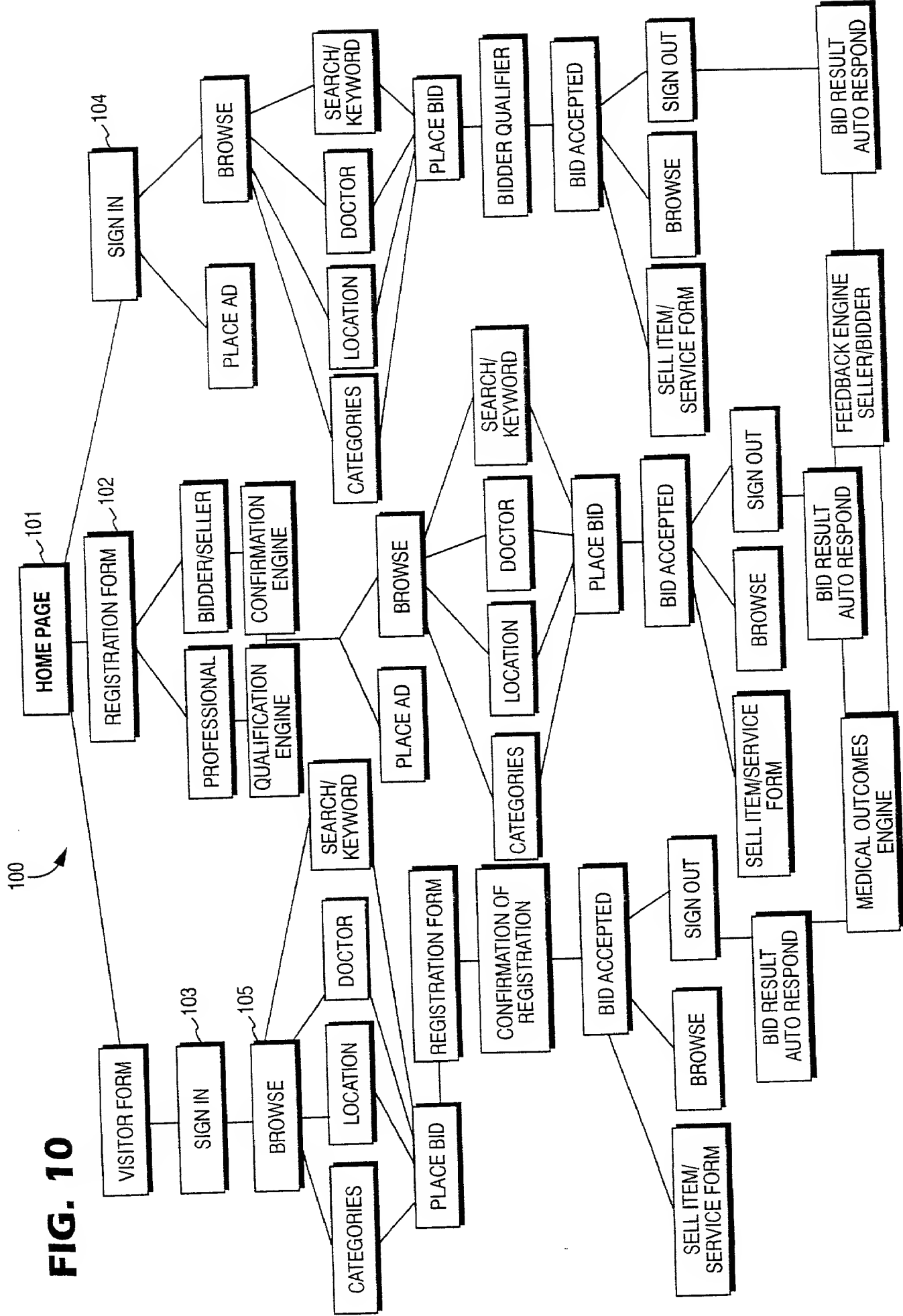


FIG. 7

EXAMPLE TRANSACTION SYSTEM OVERVIEW DIAGRAM

FIG. 8





Bidding is as easy as one, two, three!

One: Choose a medical category and/or type in a keyword search
Two: Optional, select a state of desired service.
Three: Optional, select a month you would like this medical service rendered.
Finally Hit the submit button.

Available services and provider qualifications will be listed for your bidding consideration.

Experimental Treatments Studies

This is a area where qualified studies in progress are listed by investigators. The study protocols, subject selection, investigator qualifications, and regulatory approvals are listed when available

Eye Surgery-\$1500
Breasts Enlargement-\$1100
Teeth bleaching-\$50
Prescription drugs-all %50 off
Hospital bed-\$999

kidney-\$1000
prostetic arm-\$500
braces-\$750
Nurse-\$400/wk
eye-glasses-\$75

Charity Begins Here!

Step #1

Service

- ☐ Allergy & Immunology
- ☐ Anesthesiology
- ☐ Cardiology
- ☐ Dermatology
- ☐ Endocrinology
- ☐ Family Practice
- ☐ Gastroenterology
- ☐ Geriatrics
- ☐ Infectious Disease
- ☐ Internal Medicine
- ☐ Medical Genetics
- ☐ Nephrology
- ☐ Neurological Surgery
- ☐ Neurology
- ☐ Obstetrics & Gynecology
- ☐ Oncology (Cancer)
- ☐ Ophthalmology
- ☐ Otolaryngology
- ☐ Pathology
- ☐ Pediatrics
- ☐ Physical Medicine
- ☐ Plastic Surgery
- ☐ Preventive Medicine
- ☐ Psychiatry
- ☐ Radiology
- ☐ Surgery
- ☐ Urology

Eye Care

- ☐ Glasses/Contacts
- ☐ Eye Surgery/Laser

Step #2 (optional)

Select a State for Service:

--select--

Step #3 (optional)

Select a Month for Service:

--select--

Final Step: Submit

or you may do a search by Keyword here


Keyword Search

FIG. 12
EXAMPLE MENU PAGE



Welcome, to the medical resource site, giving you a choice in your medical care!

Choose Your Destination

sign-up  [Click here](#)

Enter your name 

- o Your Medical Market Place is Here!
- o Choose Your Doctor!
- o Choose Your Location!
- o Pick Your Time!
- o Name Your Price!
- o Need Some Help!
- o Buy Your Prescriptions!
- o Check Credentials Of the Medical Provider Here!

<p>Member Log-in </p> <p>User name <input type="text"/></p> <p>Password <input type="password"/></p> <p><input type="button" value="Sign In"/></p>	<p>Member Registration </p> <p>User name <input type="text"/></p> <p>Password <input type="password"/></p> <p><input type="button" value="Sign Up"/></p>
<p>Forgot Your Password</p> <p>No problem! Just enter the email address you signed up with or click here for more options. Your current password will be emailed to you.</p>	<p>Email Address</p> <p>Enter e-mail address here <input type="text"/></p> <p><input type="button" value="Get Password"/></p>

Charity Begins Here!



Need Help/ Give Help!

We appreciate any doctor and hospital willing to donate his service to help a person in need. Services posted in this area will be given documentation and may qualify for direct tax credit reimbursement in your area. Price your services accordingly and bid accordingly.

Let us take care of our needy patients with tax credits. Incentive to care givers and protect the tax payer with competitive bidding.

Enter here to post your service for the needy or if you are in need of medical help and qualify for economically disadvantaged

FIG. 13

EXAMPLE REGISTRATION/SIGN-IN PAGE

00521-21122/60

Registration/User	
Home	Browse Search List Ad Registration Help?
EMedicalBid.com	
<p>Welcome, to the medical resource site, giving you a choice in your medical care!</p>	
<p>Please fill out the following form. * Indicates a mandatory field.</p>	
Contact Information	
Name*	<input type="text"/>
Firm Name	<input type="text"/>
Street Address*	<input type="text"/> <input type="text"/>
City*	<input type="text"/>
State*	<input type="text"/> Please input a state or province, using an abbreviation if appropriate, ie NY etc...
Zip Code*	<input type="text"/>
Country	<input type="text"/>
Office Telephone Number	<input type="text"/>
E-mail address*	<input type="text"/>
Name of Contact Person*	<input type="text"/>
Billing Information	
Card Type*	<input type="text"/>
Name on Card*	<input type="text"/>
Account Number*	<input type="text" value="0000-0000-0000-0000"/>
Expire Date*	<input type="text"/> <input type="text"/>
User Information	

FIG. 14
EXAMPLE USER REGISTRATION PAGE

Home	Browse	Search	Sell Item	Registration	Help!
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EMedicalBid.com

Welcome, to the medical resource site, giving you a choice in your medical care!

Sell Your Item/Service

Please fill out the following form. Need help to get started, start here

[* New to Selling?](#)
[* Seller Tips](#)
[* Fees](#)
[* Registration](#)

[* Medical Provider Registration](#)
[* Finding a Category](#)

Contact Information

Your User ID:	<input type="text"/>	You can also use your email address
Your Password:	<input type="text"/>	
Forgot your password?		
Name		
Firm Name		
Street Address*	<input type="text"/>	
	<input type="text"/>	
City*	<input type="text"/>	
State*	<input type="text"/> Please input a state or province, using an abbreviation if appropriate, i.e. NY etc...	
Zip Code*	<input type="text"/>	
Country	<input type="text"/>	
Office Telephone Number	<input type="text"/>	
E-mail address*	<input type="text"/>	
Name of Contact Person*	<input type="text"/>	

Billing Information

Card Type*	<input type="text"/>
Name on Card*	<input type="text"/>
Account Number*	<input type="text" value="0000-0000-0000-0000"/>

FIG. 15A

EXAMPLE SERVICE PROVIDER'S PLACE AD PAGE

Expire Date*

AD Information

Title

required*

(45 Characters max; no HTML tags, asterisks, or quotes as they interfere with search) *see tips.*

Category required

You have chosen category #

Just click in the boxes below from left to right until you have found the appropriate category for your item. The chosen category number will appear in the small box to indicate that you have made a valid selection.

Services
Surgical
Urology
Plastic/Cosmetic
Cardiac
Orthopedic
Podiatrists
General Medical
Psychiatric

Supplies/Equipment
Equipment
Buy
Rent/Lease
Sell
Supplies
Medication
OTC
Cosmetic

Alternative
Acupuncture
Chiropractor
Massage Therapy
Dietitians
Infertility Treatment
Dermatology
Chemical Rehab
Disability Services

Dentist
Cosmetic
Laser Whitening

Optometrist
Glasses/Contacts
Eye Surgery/laser

Charity

Description *

You can use basic HTML tags to spruce up your listing.

You can add one primary photo, in the following format:

 See tips

Web site/URL

Flat Rate Services

FIG. 15B

EXAMPLE SERVICE PROVIDER'S PLACE AD PAGE

Make your item stand out and get more bids! Try these options

- Boldface Title?** \$2.00 charge
- Featured?** \$39.00 *learn more*
- Feature in Category?** \$12.00 charge *learn more*

User Information

**Item/Service
Location**

City, Region (e.g., Phoenix, AZ)

More about regional selling

Increase your exposure for no additional cost! when you choose a region, bidders will see your item on both the EMedicalBid and the Regional pages.

**Payment
Methods**

Choose all that
you will accept

Money Order/Cashiers Check Personal
Check
Visa/Master Card COD (Cash on
Delivery)
Discover American Express Other

**Where will
you ship?**

Will ship to United States only
Will ship internationally (worldwide)

**Who pays for
shipping?**

Seller Pays Shipping
Buyer Pays Fixed Amount
Buyer Pays Actual Shipping cost

**Other
Expenses**

Airline/Hotel cost included
Airline/Hotel paid by buyer
Lab work cost included
Lab work paid by buyer

Terms

10% due, balance upon service received
20% due, balance upon service received
30% due, balance upon service received
50% due, balance upon service received
100% due after bid is accepted
Other, arrangement will be made with bidder

Quantity

If quantity is more than one, then you will have a
Dutch Auction Item, see tips

FIG. 15C

EXAMPLE SERVICE PROVIDER'S PLACE AD PAGE

Minimum bid per item
(e.g., 2.00) Please do not include commas or currency symbols, such as \$.)

Duration days

Reserve Bid per item
(e.g., 2.00) Please do not include commas or currency symbols, such as \$.) If the reserve bid price is not reached you are under no obligation to provide/sell service (learn more).

Minimum bid increment (e.g., 2.00) Please do not include commas or currency symbols, such as \$.)

Pricing Adjustment in terms of medical condition:

Medical Concurrent Complexity Rating: (Service provider submits this info)

- [0] No Concurrent Medical Problems That Would Impact This Service Complexity
- [1] Some Concurrent Medical Problem/Condition That Impacts The Service Complexity
- [2] Concurrent medical Problems And History of Prior Treatments That Affect the Complexity Of This Service

[0] No Medical Problem: — 0% Adjustment From Bid Price

[1] Some Medical Problems that will impact service complexity:

0%
10%
20%
30%

[2] Has a history or prior treatment/history that will affect the complexity of this service:

0%
10%
...
50%

Please press the "review" button below to see what fees are due immediately and what may be due if your item sells. You will not incur any fees until you accept the terms disclosed in the next screen.


Press **Review**

Looks good, place my listing **Submit**

Press **Reset** to clear the form and start over.

FIG. 15D
EXAMPLE PLACE AD PAGE

Home	Browse	Search	List Ad	Registration	Help!
----------------------	------------------------	------------------------	-------------------------	------------------------------	-----------------------



Welcome, to the medical resource site, giving you a choice in your medical care!

Plastic Surgery

Select a Month for Service: <input type="text"/>	Select a State for Service: <input type="text"/>	Key Word Search: <input type="text"/> <input type="button" value="Submit"/> <input type="button" value="Reset"/>
---	---	---

Plastic Surgery HotItems!	Time Left	Last Bid
Facelift, cheek or chin implants, CT, anytime, 5500.	6hrs	5525.
Neck Lift, get rid of that waddle under your neck,	12 days	1800.
Plastic/Cosmetic Surgery:		
Lip Enhancement	5day	900
Botox between eyebrows	22hours	325
Plastic Surgery Wanted:		
Nose reconstruction/May/NYC/ 2800	15days	0

FIG. 16
EXAMPLE SEARCH ITEM PAGE

Plastic Surgery/Procedure/Location/Time

Home

Browse

Search

List Ad

Registration

Help!

EMedicalBid.com

Welcome, to the medical resource site, giving you a
choice in your medical care!

Your
User ID:

You can also use your email
address

Your
Password:

Forgot your password?

High Bid:

Minimum Increment:

Place Your Bid:

300

My Complexity Rating: (Submit a 0, 1 or 2)

(Submitted by prospective patient/bidder)

The "Wattle" Neck Suspension as seen on Fox 5 News

Plastic Surgery

Procedure: Neck Lift/Suspension

Location: Connecticut

Time: Any

Doctor: Julian L. Henley

Credentials: Board Certified

The "Wattle" neck suspension operation is a recent innovation performed by Dr. Henley. The internal suspension procedure (Laser assisted) is minimally invasive and softly reshapes the saggy neck. By making three small incisions, then pulling the muscle back up with threaded sutures, the neck is wonderfully reshaped to a more pleasing and more youthful appearance. The effect is natural, long term, and the recovery is about 3 day's and discomfort is minimal. This procedure is often performed with other procedures such as liposculpture and temporal lift to further enhance the overall rejuvenating effect. At the time of the complimentary consultation the best combination of procedures will be discussed with the winning bidder



FIG. 17A

EXAMPLE BIDDING FORM PAGE

09725142 112900

Your User ID

Special Requirements:

1. **No medical contradiction**
2. **Procedure is appropriate for the bidder and discussed during a complimentary preoperative consultation**
3. **Facility fees, anesthesia fees, transportation fees are not included**
4. **Procedure will be performed at private surgical suite within a university affiliated hospital or one of the Yale affiliated hospital in Connecticut**
5. **Procedure can be scheduled for any month suited to meet your need.**

Each individual is unique. The result of a good surgery creates a natural look never a made up look. Improvement will vary from patient to patient depending on skin, age, and ethnic background.

To achieve optimal results sometimes several procedures may be needed in combination; this will be discussed during your complimentary consultation.

Payment: Ten percent of bid within five days of bid closure. The remaining monies are due two weeks prior to procedure schedule date.

Suitability: The seller of this service reserves the right to evaluate the bidder medically and aesthetically and if the procedure is deemed unsuitable, the monies will be fully refunded.

*For a better sense of the results from this procedure visit our web site at:
<http://www.plasticsurgeon4u.com>*

Indexing Words: Plastic surgery, Cosmetic surgery, Rejuvenation, beauty, Anti-Aging, Neck lift, Face lift, Lip enhancement, Botox, Liposuction, Nasal Reconstruction, Skin Resurfacing Cheek implants, Chin implants, Eye lift

FIG. 17B
EXAMPLE BIDDING FORM PAGE

[Home](#)
[Browse](#)
[Search](#)
[List Ad](#)
[Registration](#)
[Help!](#)



EMedicalBid.com

Welcome, to the medical resource site, giving you a choice in your medical care!

Bidder Feedback Form: (Describe Your Provider)

Provider:

Name

License Number

[this will pop up after name is typed in]

Service ID Number: *[This will pop up after name is typed in]*

Service Category:

LIST

Transaction Ease:

0 - Smooth

1 - Some delays
things got done

2 - Difficult office
problems getting things done

Treatment Outcome:

0 - Smooth

1 - Some complications within
scope of service

2 - Unexpected problems/
complications

Suggestions/Comments About or For Provider:

(160 Characters)

Submit Form

Reset Form

FIG. 18
EXAMPLE BIDDER FEEDBACK FORM PAGE

Provider Feedback Form: (describe your patient)

Patient ID No. _____

Patient Compliance:

Submit Form

Reset Form

FIG. 19

EXAMPLE SERVICE PROVIDER FEEDBACK FORM PAGE